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ABSTRACT

This final report describes Project I-TIP (Inservice Training for Infant Personnel), a 3-year project which developed and demonstrated a comprehensive model of inservice training for personnel serving children with handicaps (ages 0-5 years). Specifically the project provided training at 17 sites to over 900 individuals. Training protocols were developed on a variety of topics including a language enriched environment model. A model for inservice training was developed and implemented using a needs assessment technique called, "build a model." Using a case study approach to analyze each program system, the project developed a working model to classify program needs according to Maslow's hierarchy of needs and to identify critical factors which influence the success or failure of staff development efforts. Project participants evaluated the program as extremely effective and useful. Individual sections of the report address: goals and objectives; conceptual framework; training model activities and participants; project evaluation; need for continuing inservice training opportunities; and products. (Five references) (DB)

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Project I-TIP
Inservice Training for Infant Personnel

FINAL REPORT

Handicapped Children's Early Education Program
U.S. Department of Education
Grant Number: G008630371

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Abstract

Project I-TIP: Inservice Training for Infant Personnel A Handicapped Children's Early Education Project

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Project I-TIP was designed to develop and demonstrate a comprehensive model of inservice training for personnel serving children with handicaps between the ages of birth and five.

The project had three major goals:

1. To provide direct inservice training to community programs serving children with handicaps between the ages of birth and five and their families.
2. To develop a needs assessment/program evaluation model which can be used by early intervention programs to assess their strengths, identify their needs, and develop an inservice training agenda to meet those needs.
3. To train experienced staff from each participating site in the model to enable them to function as on-site inservice training specialists.

During its three years, Project I-TIP trained 17 sites and over 900 individuals. Training protocols were developed on a variety of topics including a Language Enriched Environment Model. A model for inservice training was developed and implemented using a needs assessment technique called, "Build-A-Model."

Using a case study approach to analyze each program system, the project developed a working model to classify program needs according to Maslow's Hierarchy and identify critical factors which influence the success or failure of staff development efforts.

Participants in Project I-TIP perceived the program to be extremely effective and useful. Project I-TIP was seen as extremely useful in meeting a broad range of training, management, staff support, and program development objectives which were identified in individual program needs assessments using the Build-A-Model technique.

I. Goals and Objectives

The goals and objectives of the project did not change significantly over the three years. The primary project goal was:

To develop a model of inservice training for infant personnel which maximizes long term program impact by addressing multilevel training needs and by preparing an on-site inservice trainer.

Four objectives accompanied this goal:

1. To develop a model of inservice training aimed at the needs of multi-level infant personnel serving infants with special needs.
2. To offer inservice training in content areas reflective of emerging areas of concern with high-risk and handicapped infants.
3. To develop an inservice training model which utilizes a "case study" format.
4. To produce "case study" format training packages available for dissemination.
5. To develop a trainer-of-trainers model to prepare on-site personnel to carry out effective inservice training.

II. Conceptual Framework

A. The Problem

What factors influence the success or failure of inservice training? Why does a training session at one site go well and another session with identical content fail miserably at a second site? Once the training content has been determined, what other factors influence the degree to which the new knowledge will be put to use.

Is there an effective needs assessment technique which will identify the needs of the individual site? Is there a way to evaluate the impact that the training has on the site?

These are the questions that Project I-TIP addressed during the development of the inservice training model. The project conceptualized the inservice training of a site as a process-consultation model.

A Process-Consultation Model for Inservice Training

Cash and Minter (1979) define six principles of the process consultation model. When applied to inservice training these components become basic principles for planning successful organizational change. The six components are:

1. The client and consultant diagnose the problem together.
2. The consultant trains the client in the use of diagnostic problem solving techniques.
3. The client is responsible for developing solutions and an action plan.
4. When the client identifies the processes that need improvement, problem solving effectiveness is increased.
5. The client knows more about what will work in the organization than the consultant.
6. If the client is involved in the diagnostic and problem solving phases, he will have a greater commitment to implement the action plan.

Using this framework, inservice training is seen as a consultative service to the organization. The often unspoken goal of staff development is to change and improve the knowledge/skill level of organizational members - this implies organizational change. By identifying the training target, or client, as the organization this assumption is made explicit and the chances for successful change are increased. Using Cash and Minter's process consultation model, the trainer (consultant) works in collaboration with the client (organization). The principles of this collaborative approach are similar to best practice guidelines for

working with families.

Role of the Trainer

Lippitt and Lippitt (1986) describe a range of consultant roles. When applied to inservice training, they describe the range of roles a trainer may be expected to play. Frequently the inservice trainer acts as a joint problem solver, fact finder, and trainer/educator. The roles may be directive or non-directive depending upon the needs of the individual organization.

Identifying the Needs of the Organization

Professionals in the field of early intervention are familiar with child development. A similar developmental framework can be used to identify characteristics of organizations. These characteristics may include the age, health, orientation, size and culture of the organization. The organization may also be thought of on a continuum from birth through death. For example, in infancy, an organization is concerned with obtaining the resources it needs to function and grow. In adolescence, it is functioning, but is not always balanced or well-coordinated. As a functioning adult, it is balanced, yet creative and open to change. In old age, it is somewhat rigid and rejects needed changes and improvements.

In addition to thinking about organizational characteristics, it is necessary to identify the focus of the needs assessment which will provide the basis for planning a successful inservice training program. The following needs assessment areas have been identified by Ellison and Burke (1987):

- o Goals and goal setting
- o Communication
- o Climate and culture
- o Leadership and authority
- o Problem solving
- o Decision making
- o Conflict and cooperation
- o Role definition

Identified needs in any of these areas would have to be incorporated into a successful inservice training program.

Theories of Motivation

Inservice training is successful if the knowledge or skills imparted is used by the trainees. That is, inservice training is successful if it fosters change in the individual or the organization. Clearly, change is easier for some individuals and organizations than for others. In order to facilitate change, it is necessary to think about what motivates people to change.

Many theories of motivation have been advanced (Theodossin 1982). Three are especially applicable to inservice training: Phenomenology, Exchange Theory, and Maslow's Hierarchy of Needs.

Phenomenology says that organizations do not exist apart from the people of whom they are composed. The actions of members can be accounted for by self-interest.

Exchange theory states that when people engage in social activity with the expectation of reward, interaction tends to involve reciprocal exchanges. People form coalitions in order to achieve mutually beneficial ends. But coalitions are always temporary. When the group goal has been met, the coalition dissolves and reforms as another group goal is identified.

Maslow identified a natural ordering of needs. He felt that lower level needs took precedence, and when satisfied, gave way to the urgings of higher level needs. He felt that higher level needs could not be addressed until the lower level needs were fulfilled.

Maslow was writing about individuals, but his hierarchy of needs can also be applied to organizations.

Maslow's Hierarchy of Needs Applied to Organizations

Project I-TIP noticed that organizations responded to inservice training in a variety of ways. Over time a pattern of response was observed that seemed consistent with Maslow's Hierarchy of Needs. The Project began to use this hierarchy as the framework for a comprehensive needs assessment model. The model for applying Maslow's theory to organizations follows.

Level I - Basic Needs

For individuals, Maslow identified two categories of basic needs - physiological needs and safety needs. These are concerned with securing food, shelter, warmth, physical safety and emotional security.

At the organizational level basic needs are concerned with securing the resources for survival. These might include human, informational, technological, financial, and physical resources. An organization might be functioning at this level prior to and just after becoming operational.

Level II - Social Needs

The next individual level deals with social needs - the need for belongingness and love and the need for esteem.

An organization at the social needs level is beginning to

reach full adequacy in services, expertise, and team building. The staff in this organization is working together and building on each others strengths.

Level III - Growth Needs

After these lower level or deficiency needs have been met, an individual is then motivated by growth needs. Maslow refers to this as the need for self-actualization. The individual at this level works towards the expression of self by becoming what he is capable of becoming - in other words changing and growing.

The organization at this level is developing and refining its methods, approaches, techniques, and services. It is going beyond the expected and creating new programs and services.

According to Maslow, lower level needs must be met before higher level needs are activated. This has significant implications for assessing organizational readiness for staff development.

Preconditions for Successful Inservice Training

Because inservice training places additional demands on an organization it is logical to conclude that the organization's basic needs must be met before it can focus on improving or changing overall performance. This means that the organization must have the resources it needs to survive and grow.

These resources include:

Human Resources: There must be adequate trained and qualified staff.

Informational Resources: The organization must have current written policies and procedures. Such things as a mission statement, goals and objectives, clear admissions criteria, and an evaluation plan should be in place.

Technological Resources: The organization must have adequate materials and equipment.

Financial Resources: The organization needs a stable and adequate budget. This means not only the usual operating budget, but additional development funds if the inservice program will result in budget increases.

Physical Resources: The organization needs adequate space. The buildings and rooms must be adequate for the organization to carry out its mission. The organization also needs space for expansion if the planned inservice program results in program growth.

Until these preconditions are met, the organization is unlikely to have the time or resources to devote to a comprehensive inservice training program. Piecemeal staff training is likely to yield disappointing results when individual staff try to implement changes without organizational support.

Necessary Conditions for Successful Inservice Training

Although it is critical that the basic needs of the organization be met, that alone is not enough to guarantee a successful staff development program.

Ellison and Burke (1987) outlined several strategies to ensure that organizational development interventions are successful. Project I-TIP has modified these strategies into the following list:

1. Basic needs of the program have been met.
2. Active administrative support exists for the training program.
3. Adequate time is allocated for needs assessment and training.
4. Staff and administration communicate openly.
5. No recent negative history of innovation exists.
6. Staff participates in training at all levels:
 - o Needs assessment
 - o Identification of strengths and needs
 - o Identification of training priorities
 - o Planning and implementation of training sessions
 - o Monitoring and follow up
7. Participants at all levels agree on the training goals
8. The training objectives match the identified needs.
9. The administration supports the implementation of program changes which result from the training.
10. Staff representatives participate in additional training to become on-site inservice training specialists.

III. Description of the Model and Participants

A. Build-A-Model

The Build-A-Model technique is the cornerstone of the I-TIP model. It is a needs assessment approach tailored to the individual characteristics of a specific program. It is structured to track the progress of a child and family as they enter a program and move through intake, assessment, placement, treatment, and discharge. Each aspect of the program is examined by the program staff through the use of a non-judgmental structured interview conducted by the trainer. The interview is ideally conducted with the total staff, but at least with a variety of staff represented. In addition to a needs assessment, this process is also seen as the initial intervention with the program. The process facilitates communication among staff and allows for an examination of program strengths, needs, and training priorities in an open and supportive atmosphere.

The Build-A-Model needs assessment is conducted on-site and requires two to three hours depending on the number of staff participating.

During the needs assessment, the individual program components are diagrammed so the staff can actually see how their program fits together. After the program is diagrammed and each component is discussed, the staff as a group begins to prioritize training needs based on the program analysis. Ideally, small work groups are then formed, and program staff actually begin planning the initial training sessions with I-TIP staff.

Immediately after the needs assessment meeting, the results are typed in summary form and mailed to the training site. This timely feedback has proved to be an important component in successful training.

The Build-a-Model technique has been used by I-TIP participants for program evaluation, program planning, program supervision, and budget justification. Participants have found it to be an extremely versatile technique which can be readily learned and applied in a variety of situations.

The Build-A-Model diagram and accompanying interview questions may be found in the Product section.

B. Participants

Summary of I-TIP Training Activities:

Over the past three years, Project I-TIP staff have been involved with several programs in conducting needs assessment,

group training sessions, and individual and classroom consultations. I-TIP staff have worked with 14 different programs during the three years. Programs ranged in size from a staff of seven to a county wide preschool and early intervention program which involved training approximately 65 staff. Through Project I-TIP, over 600 staff have participated in group inservice training sessions. Intervention programs also used Project I-TIP services in the area of individual and classroom consultations. Attached is a list of training sites which includes topics covered during inservice training and the number of staff trained.

Many programs used Project I-TIP services over a period of several months and, in the case of one program, over the entire three year period of the project. During the project, several themes for inservice training emerged and are reflected in the training topics addressed at the different programs. Many programs had concerns about services to families and developing Individual Family Service Plans under Public Law 99-457. Training sessions which addressed these concerns included:

- Working with Families
- The Family Experience
- Effective Home Visiting
- Dysfunctional Families
- P.L. 99-457

These training sessions addressed issues such as the developmental process of parenting, examination of personal and professional values related to family involvement in assessment and program planning, and discussion of purposes of family assessment and development of family goals.

A second major focus of training and program concern was in the area of developmental issues for premature and medically involved infants. Training topics included:

- Developmental Programming: Strategies in the Transition from Hospital to Home
- Developmental Interventions: Implications for the Neonatal Experience
- Understanding Discharge Summaries

During these sessions, training addressed strategies for programming to support the family and infant, issues related to discharge planning, the nature of developmental interventions with medically involved and very sick infants, and neonatal intensive care and related issues.

A third area of concern to programs was the assessment process, data collection and report writing. Inservice training

sessions in this area focused on guiding programs in examining and refining their assessment process, data collection procedures, and report writing formats and techniques. Staff examined their assessment instruments, identified data needs, developed and tested formats for data collection and report writing, and examined good report writing techniques.

Other topics included in I-TIP training were:

- Drug Dependent Babies
- Interagency Coordination
- Implementing IEP Goals: Models of Teaming
- Team Process
- Positioning and Handling of Children with Motor Disabilities
- Motor/Language Curriculum Planning

Individual classroom consultations were also an important component of services provided under Project I-TIP. Individual consults were used to respond to very specific classroom or program needs identified by teachers or administrators. At the Handicapped Infant Intervention Project (HIIP), D.C. General Hospital, a comprehensive project for Supporting Attachment was developed through individual consults and coordination with HIIP staff. Classroom consults included tactile stimulation, language stimulation, positioning, goal development, and needs of individual children.

Training Sites:

PROGRAM: ST. JOHN'S CHILD DEVELOPMENT CENTER
Washington, D.C.

Topics:	January 19, 1987:	Build a Model/Intake Procedures
	January 19, 1987:	Working With Families
	February 9, 1987:	Motor/Language Curriculum Planning
	March 16, 1987:	Assessment

Individual Consultations:	2 per week from 1/87 to 4/87: consulted to two classrooms
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Number of Staff Trained:	35
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PROGRAM: CHILD CENTER
Montgomery County, Md.

Topics: March 9, 1987: Understanding Discharge Summaries
April 27, 1987: Working With Families
November 23, 1987: Data Collection

Individual Consultations to two classrooms.

Number of Staff Trained: 30

PROGRAM: TALBOT COUNTY CHILD FIND
Talbot County, Md.

Topics: February 6, 1988: Working with Families
May 20, 1988: Interagency Coordination
January 29, 1988: Understanding Discharge Summaries

Number of Staff Trained: 36

PROGRAM: PROVIDENCE HOSPITAL
Washington, D.C.

Topics: October 7, 1986: Understanding Discharge Summaries

Number of Staff Trained: 7

PROGRAM: EARLY INTERVENTION PROGRAM
Baton Rouge, La.

Topics: April 2 & 3, 1987: 1. Working With Families
2. Developmental Programming:
Strategies in the Transition from
Hospital to Home
3. Developmental Interventions:
Implications for the Neonatal
Experience

Number of Staff Trained: 45

PROGRAM: EASTER SEAL SOCIETY

Washington, D.C.

Topics: December 8, 1987: Implementing IEP Goals: Models of Teaming
 February 9, 1988: Team Process
 May 6, 1988: Language Enriched Environment (at George Washington University)
 June 2, 1988: Positioning and Handling
 March 1, 1989: Turn Taking Aspects of the Language Enriched Environment
 Individual Consultations: From January-June 1988, 15 individual consultations and meeting with classroom staff

Number of Staff Trained: 25

PROGRAM: SOUTHSIDE FAMILY NURTURING CENTER
 Minneapolis, Minn.

Topics: January 5, 1987: Effective Home Visiting
 May 1, 1987: Working With Families
 April 1988: Dysfunctional Families
 May 1-2, 1989: 1. Record Keeping
 2. Language Enriched Environment
 3. Dysfunctional Families

Number of Staff Trained: 230

PROGRAM: HANDICAPPED INFANT INTERVENTION PROJECT - D.C. GENERAL HOSPITAL
 Washington, D.C.

Topics: October 7, 1986: Understanding Discharge Summaries
 October 17, 1986: Drug Dependent Babies
 November 20, 1986: The Family Experience

Individual Consultations: Supporting Attachment Project

Number of Staff Trained: 7

PROGRAM: PARENT'S OF PREEMIES
Washington, D.C.

Topics: October 20, 1986: Infant Assessment

Number of Participants: 6

PROGRAM: MONTGOMERY COUNTY PUBLIC SCHOOLS SPECIAL EDUCATION
PRESCHOOL PROGRAMS
Montgomery County, Md.

Topics: June 15, 1988: Build-a-Model
Record Keeping in the Classroom
October 7, 1988: Record Keeping and Report Writing
November 14, 1988: Language Enriched Environment
February 3, 1989: Record Keeping and Report Writing:
Pilot Test Feedback
P.L. 99-457 and Individual Family
Service Plans

Number of Staff Trained: 65

PROGRAM: CHILD DEVELOPMENT CENTER OF NORTHERN VIRGINIA
Falls Church, Va.

Topics: September 9, 1988: The Assessment Process
November 4, 1988: Individual Family Service Plans:
Working with Families

Number of Staff Trained: 12

PROGRAM: IVYMOUNT SCHOOL INFANT PROGRAM
Rockville, Md.

Topics: February 8, 1989: Individual Family Service Plan

Number of Staff Trained: 12

PROGRAM: DELTA GAMMA FOUNDATION FOR VISUALLY IMPAIRED CHILDREN

St. Louis, Mo.

Topics: October 3, 1988: Build-A-Model
 October 4, 1988: The Individual Family Services Plan:
 Working with Families

Number of Staff Trained: 11

PROGRAM: GEORGETOWN UNIVERSITY CHILD DEVELOPMENT CENTER
 Washington, D.C.

Topics: January 14, 1988: Cognitive Assessment and Attention
 (for interns)

TRAINING OF TRAINERS
 The George Washington University
 Washington, D.C.

June 1987

June 1988

June 1989

PRESENTATIONS:

November 1987: DEC - Build-a-Model
 Denver, Colorado

March 31, 1988: CEC - Maximizing the Contributions of Medical
 Information to Preschool Assessment and
 Intervention
 Washington, D.C.

November 16, 1988: DEC - Language Enriched Environment Model
 Nashville, Tenn.

April 1989: CEC - Models of Staff Development (Maslow)
 San Francisco, Ca.

C. The Language Enriched Environment Model

The Language Enriched Environment Model (LEE) was developed as an I-TIP training module because of the frequent requests by infant and preschool teachers, aides, and therapists for inservice training in the area of language. Classroom personnel were frustrated by their lack of "teaching time" in the various "academic areas" during the day. They requested assistance in

squeezing language training into an already busy schedule, insuring carryover of language skills outside of the language lesson, and finding the most efficient and effective ways to teach language to infants and preschoolers with special needs.

The LEE Model attempts to develop a changed perspective regarding language training. Language is not considered a discrete "academic area" to be taught; instead it is an integral part of the school and home environment which can be promoted throughout the day by providing a carefully designed verbal and physical environment. This theoretical perspective is not new within the fields of education, developmental psychology, special education or speech/language pathology; however, carrying this perspective into the classroom or home can be difficult without specific training. Therefore, the LEE Model was developed with the following goals in mind:

- 1) organization of current research and clinical knowledge concerning language learning in the at-risk, delayed and handicapped young child.
- 2) development of in-service training materials which can be adapted to a variety of levels (paraprofessional, professional, parent).
- 3) modification of basic materials to address special populations of children (physically handicapped, environmentally deprived, attention disordered, etc.).

The basic premises of the LEE Model were developed following a review of the literature on current theory and practices in language development and training. Literature concerning both normal language learners and children with language learning difficulties was reviewed. The LEE premises were then taught through individual weekly consultation at two training sites. Some of the effects of this training which were seen at the two sites were reorganization of group activities, rearrangement of the physical environment and changes in the use of instructional aides.

Full integration of the LEE Model was hampered by the limited time for inservice training at each site, the relative inexperience of many teachers at one of the sites and the limited time budgeted for building a cohesive team approach within the classroom. The instructional aides, in particular, needed extra training in theory and in practical application of basic teaching, motivation and reinforcement techniques before they could be fully utilized as environmental language teachers. The effects of the on-site consultations were also limited since several of the trained staff left the training sites. It is not known whether this training will be used by staff in their new work sites.

The LEE Model continued to be refined as new instructional products were developed. The model was then disseminated through a series of training workshops and inservices as follows:

- 5-6-88 Full day workshop at George Washington University for all I-TIP training sites.
- 11-16-88 Three hour Post Conference Seminar, DEC National Conference, Nashville, TN.
- 11-16-88 One hour Inservice Training Seminar, Montgomery County Public Schools, Montgomery Co. MD.
- 3-1-89 Two hour Inservice Training Seminar, The Easter Seal Society of Washington, D.C., Washington D.C.
- 5-1-89 Two hour Inservice Training Seminar, Southside Family Nurturing Center, Minneapolis MN.

The LEE Model is as yet an unfinished and unrefined training model. Expansion is needed in the areas of adaptation to special populations and in adaptation for use with parents. While adapting LEE products and seminars to use with parents is anticipated to be relatively easy, special care should be given to individualizing training sufficiently so that parents can feel comfortable in adopting the LEE premises. There is much work to be done in adapting the LEE Model to use with special populations. The LEE Model should lend itself well to work with children with severe physical and/or mental impairments, visual impairments, and social-emotional impairments; however, significant thought and planning must be given to adapting both the physical and verbal/communicative environment to these populations. LEE premises and techniques can also be adapted to improve the integration of technology-assisted communication within the classroom.

The LEE Model is a vital approach to language training which can be adapted to a variety of settings. As children with special needs are served in an increasing variety of programs (e.g., neighborhood preschools and nursery schools, Headstart, infant programs, mainstream settings) this model can be used to train paraprofessionals and professionals from outside the special education field. This model also addresses the important areas of social and pragmatic skills which are now receiving more attention by special educators and speech-language pathologists.

IV. Project Evaluation

Evaluation and the I-TIP Model

Several decisions about evaluation were made as the project evolved. Because I-TIP is a process consultation model it was appropriate to focus on evaluation of quality rather than evaluating quantity.

Because I-TIP focused on the process of inservice training, pre/post test measures had little meaning. They did serve to confirm that the training content was conveyed. But they did not show if/how the new knowledge/skills were being applied. We wanted to document program/system changes. We were interested in changes in the quality of:

- o services provided to children and families
- o personnel
- o program structure

We wanted to determine if I-TIP did what it set out to do, and if so, how effectively.

We structured the evaluation in to look at measurable and unmeasurable outcomes. The measurable outcomes which reflect the quality focus included satisfaction, knowledge gain, and impact. We considered factors other than I-TIP training that could have influenced these outcomes. These other factors included site readiness, financial and time constraints, and program priorities other than inservice training. In addition, we felt that there were positive outcomes that were unmeasurable. These might include an improved level of staff morale, increased staff energy, or personal affirmation of skills and knowledge.

The evaluation process is described in the following paragraphs with the overall summary presented first.

Evaluation Summary

Participants in Project I-TIP perceived the program to be extremely effective and useful, and the program summaries - developed by I-TIP staff - were perceived to be accurate.

Project I-TIP was seen as extremely useful in meeting a broad range of training, management, staff support and program development objectives which were identified in individual program needs assessments using the Build-A-Model technique. Effects were perceived as overwhelmingly positive. Only one negative effect was cited by a participant: I-TIP made participants realize how much more they needed. However, this was viewed as a positive outcome by I-TIP staff.

Evaluation Methodology

Project staff developed program summaries for the five program participants still involved with the program in the third year. The summaries included a program description, needs assessment, self-identified goals, I-TIP-identified goals and objectives, expected changes as a result of training and I-TIP- observed changes. These summaries were sent to program participants for verification and comments, which were collected by the independent project consultants, Dr. Paula Beckman and Dr. Eleanor Liebman Johnson, as part of a structured telephone interview.

Overall, the summaries were perceived to be accurate, and Project I-TIP was seen as extremely useful in meeting the objectives which grew out of the individual program needs assessments. The objectives included increasing effectiveness of individual staff members, team building, assessing needs, defining program assessment process, improving placement, improving treatments, improving reassessments, and improving the discharge process. These objectives were achieved either through Build-A-Model activities, group training, and/or individual work in classrooms with staff.

Positive Changes Attributed to I-TIP

In general, the goals and objectives agreed upon had been met. In addition, there were many unanticipated positive effects of I-TIP on programs and/or staff cited by participants. These included:

- o Sense of support
- o Gave us a better administrative tool (Build-A-Model)
- o More positive than I expected for outside consultants
- o Team building
- o Getting format for problem solving
- o Depth of impact on staff members was unexpected: one staff member doing theses on the project information, I-TIP is serving as the control
- o Outstanding I-TIP staff knowledge and ability to teach
- o Ability to tailor information to individual needs
- o Administrative changes occurred (expanded priorities/budgets) as a result of the way we were able to submit our yearly evaluation by utilizing the Build-A-Model to justify the budget. Administrators were receptive, so the program got everything it asked for.
- o Provided specific services to staff
- o Outsiders did not necessarily have more expertise than in-house people but the outsiders tended to be listened to.

Only one negative effect was cited by a participant: I-TIP made participants realize how much more they needed. This was viewed as a positive outcome by I-TIP staff.

Barriers to Attaining Goals and Objectives

There was a difference in perceptions between I-TIP staff and participants regarding barriers to reaching identified goals and objectives. I-TIP staff identified staff turnover and insufficient financial resources as the greatest barriers to reaching identified goals and objectives. However, insufficient time and presence of higher priority activities were consistently cited by program participants as the chief barriers to goal realization. Other barriers cited included staff turnover, insufficient financial resources, distance, lack of inservice training, lack of commitment of the person ultimately in charge of the program.

Support for Continuation of I-TIP Activities

Several participants specifically commented that they wanted I-TIP to continue and get more funding since it was very beneficial and very practical for the staff. They suggested that I-TIP add a little more coaching to the formal training.

V. Need for Continued Inservice Training Opportunities

At the end of the third year I-TIP surveyed local and participating early intervention programs to determine the current status of their inservice training programs and the specific inservice training needs. The summaries of both surveys are included in this section. Copies of the instruments may be found in the Appendices.

Survey of Programs Who Received I-TIP Services

Eleven of the programs who received training responded to the questionnaire about Project I-TIP's training activities during the last three years. The most useful type of I-TIP involvement was listed by seven programs as specific training content, for example, working with families and developing IFSP's, goal attainment scaling, and effective home visiting. The Build-A-Model process of needs assessment was an important tool for five programs in identifying training needs and in pinpointing problems within the process of program functioning. Onsite consultation and follow-up and individualized training activities which matched the needs of the program were cited by five and three programs, respectively, as being very useful.

In addition to the impact on programs, I-TIP also influenced individuals who participated in the training. One valuable lesson cited was learning to take concrete, everyday issues and build larger theoretical models which helped to generalize the knowledge. Respondents spoke of raising their consciousness level about the value and necessity of inservice training. Their increase in knowledge contributed to many individual's personal and professional development and carried over to the children and families with whom they worked. The change process was noted to go smoother and to be less threatening when the entire staff participated in the Build-A-Model process and gained a sense of investment in the subsequent changes in program.

Concrete changes in programs could be seen in many ways. Six programs reported increased staff knowledge and skills and seven have used knowledge gained from I-TIP training to strengthen and change their programs. These changes included modifying the program evaluation process or strengthening, changing or adding a program component. An additional benefit listed by three programs was increased communication among staff.

The majority of the comments about the usefulness of the I-TIP training for staff were positive. When asked about which parts of I-TIP were not helpful, three programs noted that some training sessions were too general. One person responded that the process of identifying program needs was uncomfortable, but went on to say how necessary it was to look at reality rather than rhetoric.

When asked about the current status of their staff development program, one program indicated it did not have enough time, three did not have enough money, and six had no overall program plan. However, these six noted that inservice sessions are scheduled, some sporadically, some monthly. Topics chosen by staff request frequently guided the inservice program and a minimum number of inservice hours was required by several programs.

Planning for next year's staff development activities has already occurred in many programs. Four have planned sessions with identified topics; one has planned sessions, but not identified topics; and one has several staff members attending courses during the summer. Five programs indicated that they have not yet decided on staff development activities for the coming year.

Of the eleven programs responding to the questionnaire, only one indicated that I-TIP has not influenced its staff development program or planning. Others noted that they have developed a new program, established training priorities, and improved their assessment of staff training needs.

Inservice Needs Assessment Survey

In May, 1989, an Inservice Training Needs Assessment Questionnaire was sent to early intervention programs who participated in inservice training or Training of Trainers workshops through Project I-TIP. The questionnaire was designed to obtain information about current inservice training practices, satisfaction with current inservice training, topics or areas in which inservice training was received over the past year, and the need for resources for inservice training. The questionnaire with the summary data is attached.

Nine programs responded to the questionnaire. Program size ranged from staff of 12 to staff of 75. Yearly budgets ranged from zero dollars budgeted for inservice training to 3 programs with more than \$2,000.00 budgeted for training.

Current Inservice Training:

Five programs reported that more than 5 inservice training days were scheduled for the school year 1988-1989. Two programs had four days scheduled, and 2 programs did not schedule a set number of inservice training days. During the 1987-1988 school year, 6 programs received 5 or more days of inservice training with one program not having any inservice (on site) training days.

Inservice training content was determined by more than one method for most programs. Training topics were most often determined informally on the basis of expressed needs of staff and on issues that arose in the program. Five programs also used an annual needs assessment to plan content for inservice training.

One program responded that inservice training is based on opportunities available in the community.

Inservice training was coordinated primarily by the program administrator. Seven program administrators were involved in coordinating training and one program uses a training coordinator. Programs also relied on staff volunteers to coordinate training, used an educational coordinator, or assigned responsibility for training to different staff members.

The number of staff participating in inservice training was reported by eight programs. The largest program responding (75 staff) was unsure of the number of staff that participated in offsite training last year. Of the other seven programs, one with 25 staff reported that all 25 staff participated in offsite training, three programs reported participation as between 10 and 15 staff, and four programs had less than 10 staff participate. The programs which had less than 10 staff participate also had staffs of 13 or less.

Satisfaction with Current Inservice Training:

On a scale of 1 (strongly disagree) to 5 (strongly agree), most respondents agreed that inservice training was a high priority, training sessions for the whole program are more effective than sending one or two staff to workshops, and more inservice training at a low cost is needed. Although programs agreed current inservice training was meeting some needs (3.8 average on the scale), programs also responded that more money was needed to pay for training (average 3.4) and that more inservice training was needed (average 3.4).

Inservice Training Topics:

Fourteen different training topics were listed in the questionnaire. During the 1987-1988 school year, all nine programs received inservice training in specific treatment techniques. Other areas in which five or more programs received training included medical issues, issues related to working with families, assessment, information on P.L. 99-457, and IFSP guidelines. Four programs received training in the areas of data collection, report writing, and team process. Areas in which three or fewer programs received training were case management, functional language, curriculum, technology and computers, and interagency coordination.

Respondents also rated the top five topics in which they would like to have training. Issues related to working with families and specific treatment techniques were rated by five and six programs, respectively, as important areas of inservice training. Other topics rated by three or more programs as important areas of training included data collection, ethics, team process, IFSP guidelines, and case management.

Need for Inservice Training Resources:

Respondents were asked to designate different services their program might use if available at minimal cost through a centralized Inservice Training and Consultation Center. Most programs were interested in services that included onsite consultations on specific issues, long term consults, and onsite group workshops. Four programs identified needs assessment and inservice planning and off site workshop for all staff as services they would be likely to use. Two programs were interested in evaluation of current inservice training programs and on site follow up after workshops.

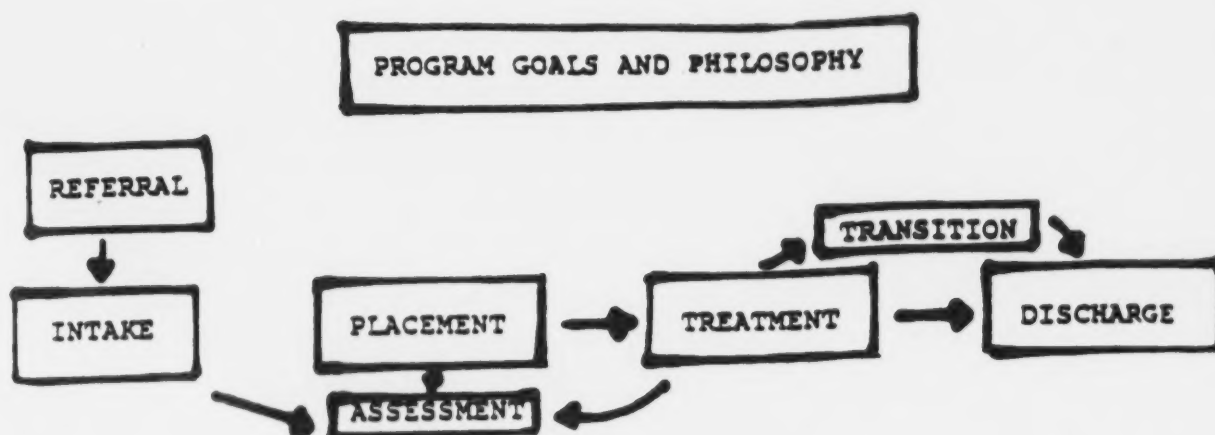
VI. Products

This section contains the following products developed by Project I-TIP:

- Build - A - Model (diagram and questions)
- Interview Questions
- Language Enriched Environment materials
- Needs Assessment Questionnaire
- Inservice Training Questionnaire Summary

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BUILD - A - MODEL



1. Diagram movement of child(family) through program
2. Define current process at each step
3. Identify strength and needs (what works, what could be changed)
4. Prioritize needs
5. Outline staff development priorities

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Build a Model

A systematic approach to assessing staff development needs

1. Program philosophy and goals: Are they written and clearly defined? Are they consistent with the current mission of the program? Do they need to be revised to reflect recent or planned changes? Are they known to all staff?
2. Intake: Is there a clearly defined intake process? Is staff familiar with it? Is it working well? How are parents oriented to the program? Are there any problems or concerns about the intake process?
3. Assessment: Is there a screening done during intake or before placement? Who does it? Are parents involved? Who does assessments after placement? What instruments are used? Is staff satisfied with the instruments? To what degree are parents involved? How are the results conveyed to them? Are there any problems or concerns about any part of the assessment process?
4. Placement: How is placement determined? Is there a placement committee? Is there a written placement policy? Are parents involved in the process? Does staff understand how placement is decided? Are there any problems or concerns about any part of the placement process?
5. Treatment: Who provides treatment? How is that determined? How is frequency of treatment determined? Who writes treatment plans? Are parents involved in setting treatment goals? Are family goals written? How is progress or effectiveness of treatment measured? What is the pattern of parent/staff communication about ongoing treatment? Is staff satisfied with the current treatment process? Are there any problems or concerns?
6. Reassessment: Is there a regular schedule for reassessment? How frequently are treatment plans updated? Who may initiate a request for reassessment? Who does the reassessments? Are there any problems or concerns?
7. Discharge: Where do children go after discharge? How is this determined? Is staff familiar with the sites? Is there a transition process? How does it work? Who is involved? Are there any problems or concerns?

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Interview Summary

1. Name of program and location:
2. Population served:
3. Staff composition - # of staff, educ. background, length of employment:
4. Goals and philosophy of program - mission, purpose, etc.:
5. Program's area of greatest strength:
6. Areas needing attention/improvement:
7. Frustrating issues personally:
8. Frustrating issues for other staff:
9. Description of current inservice training plan - number of sessions this year, on-site, off-site, outside speakers, own staff, most enjoyed, etc.

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The Language Enriched Environment Model (LEE) was developed as an I-TIP training module because of the frequent requests for inservice training in the area of language by infant and preschool teachers, aides and therapists. Classroom personnel were frustrated by their lack of "teaching time" in the various "academic areas" during the day. They requested assistance in squeezing language training into an already busy schedule, insuring carryover of language skills outside of the language lesson, and finding the most efficient and effective ways to teach language to infants and preschoolers with special needs.

The LEE Model attempts to develop a changed perspective regarding language training. Language is no longer a discrete "academic area" to be taught; instead it is an integral part of the school and home environment which can be promoted throughout the day by providing a carefully designed verbal and physical environment. This theoretical perspective is not new within the fields of education, developmental psychology, special education or speech/language pathology; however, carrying this perspective into the classroom or home can be difficult without specific training. Therefore, the LEE Model was developed with the following goals in mind:

- 1) organization of current research and clinical knowledge concerning language learning in the at-risk, delayed and handicapped young child.
- 2) development of in-service training materials which can be adapted to a variety of levels (paraprofessional, professional, parent).
- 3) modification of basic materials to address special populations of children (physically handicapped, environmentally deprived, attention disordered, etc.).

VALUES

Parents should use structured activities to teach language.

Language should be taught in discrete activities during the day.

Children learn language best when they are taught directly.

Following the child's lead facilitates his intentional communication.

All children have some way of indicating likes/dislikes.

Teaching children to use words is the most important part of language training.

Language is taught best by making children imitate words and sounds.

Parents can teach language as well as teachers and speech pathologists.

Children will automatically use their language skills if they are taught the words to say.

Communication starts at birth.

It is important to reward children's communication efforts.

LANGUAGE-ENRICHED ENVIRONMENT

** A language-enriched environment promotes the development of functional communication skills through on-going interactions within the carefully designed classroom or home setting.

** A language-enriched environment takes advantage of incidental learning opportunities throughout the day rather than focusing solely on planned learning activities.

** A language-enriched environment emphasizes COMMUNICATION with the child rather than targeting improved "talking" as the immediate goal.

COGNITIVE PREREQUISITES TO LANGUAGE DEVELOPMENT

OBJECT CONCEPT/OBJECT PERMANENCE

--Child begins to realize objects and people are separate from himself

--Realizes people and objects have certain constant characteristics; gradually learns these traits

--Begins to realize that people and objects still exist when he is not touching or seeing them

ACTION OR EVENT SCHEMES/CAUSE-EFFECT

--Child begins to associate actions or events with other actions or events

--Learns to anticipate actions/events which follow other actions or events

--Realizes his actions cause something else to happen; gradually learns that he can exert control over his environment

SYMBOLIC THOUGHT

--Child learns to represent reality through use of a symbol. He uses a symbol such as a word, gesture or object to stand for the real thing.

INTENTIONALITY OF COMMUNICATION

--Child's communications are at first unintentional; he gradually learns to communicate on purpose (see attached handout).

COMMUNICATION--DEVELOPMENT OF INTENTIONALITY

Unintentional communication (Parents assign meaning to child's behavior)

BEHAVIOR

ASSIGNED MEANING

"Fussing"

"Ah, you are tired".

Looks at interesting object

"Oh, you want the ball. Here".

Laughs at parent's playful action.

"You think that's funny.
You want me to do it again."

Reaches for food

"You are hungry. Let's eat."

Intentional (Child uses his behavior to communicate.)

BEHAVIOR

MEANING

Extends arms upward for adult.

"You want up".

Looks from adult to desired object back again.

"You want the ball."

Pulls person to desired activity.

"You want me to play with bubbles. O.K."

Hands cup to adult, points to refrigerator and vocalizes with inflection.

"You want juice. I'll get you some."

Point to picture and looks at parent.

"That is pig. The pig goes oink, oink".

Intentional: Words

Says "help me" and holds up gloves.

"You want help. Put out your hand."

Says "kitty, look" and points.

"I see the kitty."

Source: from McLean & Snyder-McLean, 1978.

WHY TALK?

COMMUNICATIVE:

Greet

Regulate parent's attention

- to self

- to object of interest

Regulate parent's action

- to get desired action

- to engage in interaction

Request information

Repeat/ Imitate

Answer/ Reply

Continue the Interaction

NONCOMMUNICATIVE:

Label

Rehearse

Word/Sound play

COMMUNICATIVE CUES

CUES THAT THE CHILD IS STRESSED AND NEEDS A CHANGE OF ACTIVITY/APPROACH:

1. Eye gaze aversion
2. Physically leaving an activity
3. Wiggling/fidgety behavior
4. Moving quickly from task to task
5. Self-abuse
6. Withdrawal postures (arching away from instructor)
7. Throwing toys/materials
8. Dropping toys
9. Crumpling pages/pictures
10. Hitting an instructor, biting, crying
11. Head down on table
12. Change in behavior
13. Playing with object/toy other than targeted one

CUES THAT THE CHILD WANTS MORE OF AN ACTIVITY

1. Hands together at midline
2. Intent facial expression
3. Reaching movements towards task: pointing
4. Vocalization (i.e. "uh-uh") with gestures
5. Looking to teacher to continue task
6. Looking from teacher to task
7. Pleasurable expressions such as smiling or laughing
8. Relaxed body posture possibly with flexion of the body towards the task
9. Child becomes still or quiet when teacher pauses in activity
10. Child shows excitement such as rapid breathing, movement of arms and legs, stiffening body, etc.

CUES A PHYSICALLY HANDICAPPED CHILD MAY NOT BE ABLE TO GIVE

1. May use eye turn instead of head turn
2. Idiosyncratic facial expression instead of smile/frown
3. Rate of change of facial expression may be slow
4. Pointing response is hard to interpret
5. Cues are very subtle

EXAMPLES OF BEHAVIORS WITHIN EACH CATEGORY OF RESPONSE

2.

VOCALIZATIONS OR SPEECH

- Generalized crying
- Specific type of cry carrying a message
- Fussing, whining
- Laughing, giggling, squealing, squeaking
- General vocalization (non-crying)
- Lip smacking, tongue, clicks, raspberries
- Specific type of vocalization carrying a message
- Specific sound meaning "yes"
- Specific sound meaning "no"
- Understandable words
- Requesting
- Refusing

FACIAL AND MOUTH MOVEMENTS

- Choking, coughing, gagging
- Tongue protrusion or tongue thrust
- Wide open mouth or jaw thrust
- Keeps the mouth open
- Biting on utensil or finger
- Feeding movements such as sucking, chewing, lip movement
- Closes mouth or refuses to open it
- Increases or decreases in drooling
- Stronger suck, faster swallow, less food loss
- No swallowing, holding food in the mouth
- Lets food fall out of the mouth
- Spits out food
- Smiles
- Frowns
- "Yes face"...happy expression
- "No face"...unhappy expression

GESTURES OR BODY MOVEMENTS

- Increased or decreased body tension
- Pushing back with head or hips
- Reaching or pointing with the hands
- Pulling away from the spoon or food or pushing the food away
- Waving the arms
- Rubbing the eyes
- Body wiggling
- Moving hands to the mouth, behind the head, or sucking the hands
- Playing with the food
- Shaking the head for "yes" or "no"
- Hiding the face or putting the head down on the tray or table
- Falling asleep
- Moves head or body toward the food
- Turns head or body away from the food or feeder
- Manual signs or specific gestures
- Points to pictures of food or symbols, or helps self to the food

EYE SIGNALS

- Closes eyes
- Expressions of feelings or emotions
- Searching movements for food, feeder or utensil
- Looks at the feeder
- Looks away from the feeder or food
- Looks from the feeder toward the food, utensil, object or place associated with food
- Looks at the specific food or liquid desired
- Looks or points with the eyes toward pictures of food, utensils, object or place associated with food

TECHNIQUES TO ENHANCE COMMUNICATION DEVELOPMENT

Develop turn-taking skills

- provide opportunities for turn-taking throughout the day

Match the child's communication level

- use language/interaction strategies which are in the child's repertoire or are one step above
- imitate the child's actions, vocalizations or words and expand on them slightly

Watch and respect child's communicative cues

- communicate about things which are interesting and relevant to the child
- change activities/teaching strategy when the child indicates the need

Provide a good language/communication model

- talk about what the child is doing or seeing and about what will be happening next
- use short simple sentences and gestures/visual cues as needed
- model the desired response
- try to keep the interaction balanced; give the child a chance to take his turn

Expand or add to the child's communication

- imitate child's action and add another step
- modify child's action or vocalization to slightly more difficult or to closer approximation of desired response
- expand child's utterance by adding words or thoughts

Give the child a reason to communicate

- create situations or utilize existing situations to help child communicate his wants and needs
- reward a child's communicative attempts with attention and immediate, appropriate response to his communication

CHECKLIST OF COMMUNICATION LEVELS

Child's Name:

Date of Observation:

Time of Observation:

Activity:

Interaction Partner(s):

Observer:

Rate behaviors from 1 to 5. 1=none of the time; 5=all of the time.

INTERACTION/CONVERSATION

Child interacts/communicates	1	2	3	4	5
Child initiates contact	1	2	3	4	5
Child responds to contact	1	2	3	4	5
Child maintains contact	1	2	3	4	5
Child takes turns with actions					
--for one or two turns	1	2	3	4	5
--for three or more turns	1	2	3	4	5
Child takes turns with vocal or verbal exchanges					
--for one or two turns	1	2	3	4	5
--for three or more turns	1	2	3	4	5

MODE

Child's communications are					
--idiosyncratic	1	2	3	4	5
--conventional	1	2	3	4	5
Child communicates with					
--body language/gestures	1	2	3	4	5
--sign language	1	2	3	4	5
--sounds	1	2	3	4	5
--word approximations/words	1	2	3	4	5

	USE				
Requests action/person/object	1	2	3	4	5
Labels action/person/object	1	2	3	4	5
Questions/Requests information	1	2	3	4	5
Demands	1	2	3	4	5
Refuses/Denies	1	2	3	4	5
Greets	1	2	3	4	5
Indicates notice of action/ person/object	1	2	3	4	5
Requests continuation of action/ more of an object/action	1	2	3	4	5
Indicates cessation of action/ no more of an object	1	2	3	4	5
Calls attention to self	1	2	3	4	5
Desires social interaction	1	2	3	4	5

Sources: Nisonger Center OSU, McDonald and Gillette

HOW TO PROMOTE TURN-TAKING

1. Assess the child's communicative level
2. Assess the adult's communicative level, style, strategies
3. Practice turn-taking at a level which is easy for the child
 - follow the child's lead
 - imitate the child's actions or vocalizations, then wait to see if the child will continue the interaction.

If yes, continue to imitate child.
If no, wait and imitate the next action/vocalization.
 - be playful
 - wait expectantly
 - immediately imitate the child's actions and vocalizations then wait for him to take his turn.
 - when the child has the idea of back and forth interaction, move on to the next step.
4. Practice turn-taking to increase imitation
 - continue to follow the child's lead--this insures his interest in the activity.
 - imitate the child's action or vocalization, wait expectantly.

When child responds, if he imitates his original action/vocalization, you continue to imitate, then, before he is tired of the game, you change the action or sound slightly and wait expectantly for the child to take his turn.

If he imitates the new action/sound, reinforce this by continuing the game.

If he uses his original response, try your new response again then wait for his turn. He may not imitate your new response.

Continue to try this for several days. Make sure your new response is a response the child can make

(preferably one that's in his spontaneous repertoire) and that it is interesting to him.

- When the child readily imitates simple new actions and sounds during turn-taking, you may try leading him in an activity and having him imitate your initial action.

Remember, it must be something interesting and fun for the child or he may not want to continue the interaction.

-It's still important to let the child take the lead so that the interaction remains balanced--you don't want the child to become a "passive responder".

5. Practice turn-taking and add something new

- when the child does an action or vocalizes, you can take your turn by imitating him and then adding an action or vocalization of your own. This increases imitation and gives you a chance to teach new actions or vocalizations.

- when your child performs an action or vocalizes, you can show him a modified, more appropriate version of his action/vocalization.

For example, if your child says "ba", instead of imitating him, you can say, "Yes, bottle". If your child drops a toy car, you can show him how to roll it instead.

- it is still very important that the action or vocalization you add is interesting to the child and is at his level. It must be something he is able to understand and imitate.

TURN TAKING GAMES

A. EYE GAZE GAMES/PEEK-A-BOO

1. When the child is looking your way, obstruct his view by moving your face behind a screen. Wait a short period, then remove the screen. When the child reacts, hide your face again. For the game to be successful, the child must be watching for you to reappear and must be enjoying the interaction. A screen that you can see through is best so that you know the child is watching you. Some ideas are putting your hands in front of your face and peeking through your fingers; putting a straw hat over your head; moving behind a chair; placing a thin cloth in front of your face; or wearing sunglasses.

2. Do the same as #1, but this time, wait for the child's reaction before you remove the screen. The child's reaction may be a sound, body movement, or a motion. If the child doesn't react, teach him how. Have someone else help him to remove the cloth or hat from your face, lean his body so he can see around the chair that you're hiding behind, pull your hands away from your face, etc.

B. IMITATION GAMES

1. You imitate a child's random or playful motion. If he hits the table, you hit the table. If she makes a sound, you make a sound. Wait for the child to repeat the action and then you repeat it too.

2. Start by imitating the child's action or sound. When the child is involved in the game, change the action or sound slightly and see if the child will imitate it.

- o Make sounds into paper towel roll/ plastic bubble ball

- o Do action with toy, then give toy to child and see if he does the action. Request the toy back and repeat. Funny actions are best.

- o Mouth movements/ facial expressions/ body movements

- o Sound plus action (indian sound, "dot" as you make dots on paper, "zoom" as you make plane fly, "uh-oh").

C. GIVE AND TAKE TURN-TAKING

- o Ball play (this often needs a third person to help the child participate).

- o Push bolster back and forth

- o "Thank you" game- giving toy back and forth

D. GAMES IN WHICH CHILD LEARNS TO REQUEST "MORE"

Place child on tilt board in position that is comfortable and fun for the child. Rock gently and sing to get child used to the motion. When child is enjoying the motion, stop rocking and singing. WAIT for any response, then start again. If no response after several seconds, continue, then stop again and wait for response.

Use same routine for the following activities. Remember to wait for several seconds for a response.

- o Blowing pinwheel.
- o Blowing bubbles
- o Puppets: hide behind back and have them reappear after child's reaction.
- o Toss up in air, swing around, and other rough housing games.
- o Give Cheerio. Wait before giving more.
- o Battery operated toys/ wind-up toys
- o Bounce on knee
- o Flashlight on and off

PROJECT I-TIP

INTEGRATED COMPONENTS OF A LANGUAGE ENRICHED ENVIRONMENT

1. Interaction Checklist
2. Classroom Environment Checklist
3. Toy and Safety Checklist
4. Communicative Opportunities During "Greeting"
5. Communicative Opportunities in the Classroom
6. Opportunities to Request

*Some of the material and format in these checklists has been adapted from Developmentally Appropriate Practice, Sue Bredekamp, Ed., Published by NAEYC, 1986.

PROJECT I-TIP
INTERACTION CHECKLIST

How does the staff encourage interaction among children and adults?
Does the staff:

- ___ 1. Greet children warmly upon arrival
- ___ 2. Help each child become part of an activity
- ___ 3. Engage in one-to-one, face-to-face interaction
- ___ 4. Engage and maintain eye contact
- ___ 5. Talk to the children before, during, and after transitions
- ___ 6. Remain attentive during routines (diapering, feeding)
- ___ 7. Encourage interaction of children during snacks and meals
- ___ 8. Engage in playful interactions with children
- ___ 9. Elicit a child's attention before beginning an activity
- ___ 10. Respond quickly to distress cries
- ___ 11. Permit child to initiate play and interaction
- ___ 12. Encourage child to choose a toy or game
- ___ 13. Encourage children's interest about each other
- ___ 14. Encourage children to play together or alone without adult intervention
- ___ 15. Assure that children treat each other gently
- ___ 16. Communicate approval of child's behavior both verbally and non-verbally
- ___ 17. Allow child to explore an object fully before asking child to do something specific with it
- ___ 18. Convey feelings with voice and behavior
- ___ 19. Respond verbally to child's vocalizations
- ___ 20. Provide appropriate labels to child for objects, activities, and feelings
- ___ 21. Adjust language to child's language comprehension

PROJECT I-TIP
CLASSROOM ENVIRONMENT CHECKLIST

Does the environment encourage play and interaction?

- ___ 1. Is the room is decorated at the child's eye level?
- ___ 2. Are there pictures of faces, friendly animals, & familiar objects?
- ___ 3. Is there an open, danger free space allowing for crawling, rolling, and walking?
- ___ 4. Is there a variety of music for listening, body movement, and singing?
- ___ 5. Are there mirrors on wall near floor so children can see themselves?
- ___ 6. Do frequent changes of body position give new perspectives to children?
- ___ 7. Is there an easy-to-clean carpet allowing barefoot play?
- ___ 8. Are there soft (pillows) and hard (rocking chairs) surfaces?
- ___ 9. Are the feeding & play areas separate from quiet, rest areas?
- ___ 10. Is there a quiet area with no distractions?
- ___ 11. Are there contrasts in color & design which are interesting?
- ___ 12. Are daily activities used for pleasurable learning experiences (e.g. snack, dressing)?

PROJECT I-TIP
TOY AND SAFETY CHECKLIST

Are toys available and appropriate?

Are toys provided that:

- ___ 1. Range from the simple to the complex
- ___ 2. Are safe and washable
- ___ 3. Are responsive to child's actions (bells, busy boards)
- ___ 4. Can be seen from the child's viewpoint (e.g. mobiles)
- ___ 5. Are easy to grasp & manipulate; not too large to handle
- ___ 6. Are available on open shelves so child can make selection
- ___ 7. Have different textures
- ___ 8. Encourage creative and pretend play

In addition, do you see:

- ___ 10. Books with cardboard pages with rounded edges
- ___ 11. Books with bright pictures of familiar objects
- ___ 12. Low climbing structures & steps
- ___ 13. Structures that are well-padded & safe for exploration

Does the environment provide:

- ___ 14. Constant adult supervision
- ___ 15. Electric outlets covered, no extension cords
- ___ 16. No hazardous substances within children's reach
- ___ 17. Diapering, feeding, play areas separate to ensure sanitation
- ___ 18. Individual utensils, clothing, etc. which are labeled
- ___ 19. Handwashing before & after diapering & feeding each child
- ___ 20. Diaper changing areas routinely sanitized after each change
- ___ 21. Regular washing of toys to insure sanitation

PROJECT I-TIP
COMMUNICATIVE OPPORTUNITIES DURING "GREETING"

Do you structure interactions so that the children learn to greet others naturally?

- _____ 1. Do you provide many opportunities for the child to greet people, e.g. bus drivers, teachers, assistants, other children?
- _____ 2. Do you greet the child, giving him your undivided attention if necessary, and then wait for a reply?
- _____ 3. Do you recognize some children's need for a warm-up period upon entering the classroom?
- _____ 4. Do you insure the child's attention to your greeting by a) greeting him face-to-face, b) putting your hands on his shoulders and establishing eye contact, c) squatting down to eye level, d) or otherwise positioning yourself appropriately.
- _____ 5. Do you use a hierarchy in encouraging greeting behavior, first using the most direct model and least distracting environment? Do you gradually make your models less direct, for example, from across the room?
- _____ 6. Do you greet the child outside the classroom door if he becomes too distracted once he enters the room?
- _____ 7. Do you use natural situations for practicing and modeling greeting?
- _____ 8. Do you use opportunities to model greetings in different contexts, e.g. in the lunchroom, outside?
- _____ 9. Do you limit greetings to the appropriate levels, e.g. discourage "big hugs" to strangers?

PROJECT I-TIP
COMMUNICATIVE OPPORTUNITIES IN THE CLASSROOM

- ___1. Are there opportunities for one-to-one play with an adult during the day?
- ___2. Are there opportunities for reciprocal play?
- ___3. Do you sometimes stop an interaction unexpectedly to see if the child will react?
- ___4. Are there toys in the classroom which are attractive and motivating, and require the child to ask for assistance (bubbles, wind-up toys, mobiles, pinwheel)?
- ___5. Do you use physical barriers such as doors, steps, or heavy equipment to provide opportunities for the child to ask for assistance?
- ___6. Are toys placed out of reach but within sight so the children must ask for them?
- ___7. Do you have fun action routines such as swinging, rocking on your lap in a rocking chair, lifting up in air, and playing airplane which the child can request?
- ___8. Do you offer foods which the child cannot open independently (popsicle wrapper, cheerios container, juice)?
- ___9. Are there opportunities to practice calling for attention during play (in play house, with puppets)?

PROJECT I-TIP
COMMUNICATIVE OPPORTUNITIES TO REQUEST

Does your classroom encourage the children to request objects or information?

- _____ 1. Do the children have many opportunities to request information about new objects or people in the environment?
- _____ 2. Are there new things in the environment to comment on?
- _____ 3. Do you have novel things which can stimulate all the senses: seeing, tasting, touch, smell, hearing?
- _____ 4. Do you take advantage of incidental novelties in the environment (falling leaves, fire engines, etc.)?
- _____ 5. Do you vary the ways you model asking for information by asking questions, commenting on a novelty, or just looking quizzical and inviting the children to ask a question?
- _____ 6. Do you use opportunities to model a variety of question forms, e.g. "knock-knock" games to model "who" questions, hiding games to model "where" questions?
- _____ 7. Are some favorite objects placed out of reach so that children must ask for them?
- _____ 8. Do you sometimes "forget" an essential part of an activity, e.g. cups for juice, paper for fingerpainting?

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PROJECT I-TIP

PHYSICAL/SPACE NEEDS

Preschool Classrooms

Cot/mat space

Activity centers, including creative play and art areas

Toileting area

Office space

Storage space

Carpeted vs. uncarpeted areas for various activities

Variety in size of tables and chairs for various children

"Cubbies" for coats and personal items

Room for gross motor play and toys

Areas for isolated as well as group play

Fenced outside play area

Cheerful setting

Classrooms for Preschoolers with Special Needs

In addition to the above physical and space needs, the following are suggested.

- * Activity centers which enable variation of stimulation in the centers (vary access to toys, number of toys, small pieces vs. large, etc.), encourage self direction but give support for success, and minimize noise and visual distractions
- * Toileting area which is designed for independence to and from bathroom and while toileting, but is handy when staff must assist the children
- * Graded visual stimulation, not overwhelming but not stark
- * Lighting considerations--low light, well lit and black light, as necessary
- * Space for adaptive equipment, both in-use equipment and storage of extra equipment
- * Ample space for children with physical handicaps to move easily from place to place
- * Considerations for non-distracting and self-containing circle and group activity times, including a variety of seating options, limited distractions and appropriate group size
- * Physical separation of small groups to minimize noise distractions

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PHYSICAL/SPACE NEEDS

Infant/Toddler Classrooms

Crib space

Some relatively small enclosed play areas

Diaper changing/toileting area

Office space

Storage space

Carpeted play areas

Easy access to toys

Rocking chairs

High chairs/toddler-sized chairs and tables

Room for gross motor play and toys

Fenced outside play area

Cheerful setting

Classrooms for Infants/Toddlers with Special Needs

In addition to the above physical and space needs, the following are suggested.

- * Enclosed or semi-private spaces for one-to-one work with the child and family
- * Quiet, but accessible crib area for children with apnea monitors or other medical considerations
- * Graded visual stimulation, not overwhelming but not stark
- * Lighting considerations--low light, well lit and black light areas, as necessary
- * Room for parents within classroom, comfortable seating for parents
- * Increased space for parent information, including a lending library
- * Space for toy lending library
- * Space for adaptive equipment, both in-use equipment and storage of extra equipment
- * Closed toy cupboards, to vary access to toys
- * Adequate enclosed storage space for all toys to minimize visual stimulation
- * Considerations for non-distracting and self-containing circle times, including variety of seating (rug squares, cube chairs, adaptive chairs); limited distraction (children face unadorned wall, enclosed circle area); room for parents/staff to assist children; etc.

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PROJECT I-TIP

ENCOURAGING LANGUAGE DEVELOPMENT IN THE CHILD WITH SPECIAL NEEDS

"For the normally developing child, many encounters in the course of a typical day help to facilitate language development because effective communication occurs. The language-delayed child, who needs more facilitative language interaction, may receive significantly less because his or her own linguistic deficiencies block effective communication. . . Clearly the clinician is limited in what he or she can teach directly; the child's communicative abilities must be developed so that every conversational partner is a potential therapist."**

CONTENTS

1. Indirect Language Stimulation Techniques
2. Imitation Skill Development and Techniques
3. Language Assisters and Blocks

**"Therapy as Social Interaction: Analyzing the Contexts for Language Remediation". Topics in Language Disorders 4, 4, 1984.

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PROJECT I-TIP

LANGUAGE STIMULATION TECHNIQUES

The following simple techniques can greatly assist your child in developing and improving his or her language skills. These techniques may take a little practice, or may seem a bit awkward at first, but you will soon find them becoming an unconscious part of your everyday speech to your child. Take a few minutes during one of your play times with your child and try one of the techniques. On another day, try one of the other techniques. After you feel comfortable with each technique, you will notice that you will intersperse all of the techniques while playing with your child.

SELF TALK

As your child is watching you, tell him about what you are doing. Use simple sentences to describe your actions. This will model for him how people can use words to tell about what they are doing and may introduce him to new vocabulary. It will also help him to understand the words you are using because your actions match your words. Use the words your child is trying to learn in a variety of ways within your simple sentences.

Examples:

"Let me get you some juice. Here's the juice. I'm pouring the juice into your cup."
"Now it's time for me to wash the dishes. First, I have to get out the soap. . ."
"I'm getting your new diaper. Let me undo this old diaper. Off comes the diaper. . ."

PARALLEL TALK

As you are playing with your child, comment on what he is doing or experiencing. Use simple sentences to describe his actions or to verbalize what he may be seeing, feeling or thinking. This will help him to learn how he can put his own experiences into words. Again, use the words he is trying to learn in a variety of ways.

Examples:

"Oh, you're playing with the cars. You're making the car go down the ramp. There goes the car!"
"Oh, no! You dropped the ball."
"You feel the diaper? It's so soft. It feels soft on your tummy."

EXPANSION

This technique consists of expanding what your child has said while you are playing or talking together. If he uses a short phrase, you can expand it to a short sentence which is grammatically correct. This is a way for you to model correct language structures for your child while not interrupting the flow of conversation.

Examples:

CHILD: "Me go."

ADULT: "You want to go."

CHILD: "Cookie Monster no sit down."

ADULT: No, Cookie Monster isn't sitting down."

EXPANSION PLUS

This is much like the previous technique but now you add new information as well as expand your child's statement. The new information should be a short comment which is closely related to what your child is talking about. Your child will then add this information to what he already knows.

Examples:

CHILD: "Me down."

ADULT: "You want down. You're all done with lunch."

CHILD: "That baby cry."

ADULT: "Yes, that baby is crying. He is sad."

Developed from: "Oh Say What They See:
Indirect Language Stimulation Techniques".
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An Introduction to
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PROJECT I-TIP

IMITATION

Children normally imitate:

- to keep the conversation going
- to practice unfamiliar forms
- forms which are emerging or which they are ready to learn
- to learn new forms

Children imitate useful utterances when:

- they hear others use them
- at a later time, when the need arises

Children do not imitate:

- forms they do not see the need to learn
- forms which are too far above their comprehension
- forms they already know, they just use them when needed

TEACHING STRATEGIES

Model forms which are at the child's level and are in socially appropriate context.

Note imitations child makes--these indicate forms he is ready to learn.

Know the level of the child's imitation abilities (motor, motor + verbal, vocal, verbal) and teach at his level.

If a child never imitates, consider possible blocks (attention, motor or cognitive deficits, motivation).

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PROJECT I-TIP

LANGUAGE ASSISTERS

Utterance on child's
topic

Utterance that continues
child's utterance

Utterance that expands
child's utterance

"Negotiation-of-meaning"
mechanisms, including
expanding, rephrasing,
questioning for clarification,
or repetition (this helps child
to know what is wrong but does
not interrupt interaction)

Variety of contexts and
conversational partners

Practice in situations
where child is most
linguistically competent;
language models are at child's
level

Socially appropriate context
of language

Assessment which includes
observation of child in
various contexts

LANGUAGE IMPEDIMENTS

Frequent adult change
of child topic

Utterance that does not
relate to child's focus of
attention, ongoing activity, or
previous utterance

Highly directive style,
including many commands and
questions (this shifts child's
attention)

Correction of child's
sentence or word forms

Limited language models

Inappropriate language
models, where conversation
is too complex for child to
participate

Forced imitation of adult
models

Standardized assessment
which does not include
observation of how child
communicates effectively

CASE STUDY: Kevin

Kevin is a 16 month old who is developmentally delayed in all areas of development. He was full-term with no neonatal complications and had not experienced any illnesses which would account for his developmental delay. At 5 months of age, Kevin was taken in for a complete workup because of a condition of his eyes called spasmus neutons, a constant horizontal movement of the eyes (nystagmus) and head. His parents also noted that Kevin was very floppy and did not have the head and trunk control that their other 2 children had.

By 9 months of age, Kevin was still not sitting, and his most severe problem was in the area of feeding. He would accept the bottle only, but would pull away and cry when a spoon or any finger food were presented. Kevin was not making sounds other than guttural sounds. He also did not use any gestures to indicate his needs.

By the time Kevin had reached 16 months of age the following problems were apparent:

- 1) Kevin can pull to stand and cruise by furniture and is able to creep on the floor. He does not yet have standing balance for standing alone.
- 2) Kevin has severe tactile defensiveness in both the mouth and hands. He is just beginning to tolerate taking finger foods in his mouth, will poke his own finger in his mouth, but has considerable difficulty feeding with the spoon still. When approaching objects with his hands, he scratches the table or mat surface, pokes the object with his third finger, and does not contour his hand around the object. He holds objects only briefly before dropping them.
- 3) Kevin is highly visually distractable. He has considerable difficulty maintaining eye contact and cannot maintain his attention on a task for more than a few minutes if given considerable structure. His nystagmus of the eyes has diminished but is still present to a minimal degree.
- 4) Kevin is just beginning to say "da-da" and "ba-ba" but he continues to lack gestural communication except pulling away from toys, food, and contact that he dislikes and an indication that he wants to be held.
- 5) Kevin is just beginning to emerge in simple cause-effect concepts. For instance, with the pop-up pals, he will anticipate their popping up, but will not activate the most simple knob. This is consistent with other toys where he will not activate the toy but will observe the event momentarily. Object permanence skills are lacking as well. Overall cognitive skills are at the 6- 7 month level.

1

Based on this case, develop one activity that would promote language in each of the following situations:

1. Arrival time to school setting

2. Diapering

3. Feeding

4. Transitions between one activity to next

GUIDELINES FOR PARENT TRAINING

1. At their request
2. Structured for success
3. Brief
4. Fun
5. Promotes positive interaction with their child
6. Unpressured
7. Allows parents to be parents not therapists
8. Parents given frequent feedback and support - the activity is changed if it is not working

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PROJECT I-TIP

THE LANGUAGE ENRICHED ENVIRONMENT MODEL
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SUGGESTED READINGS

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The George Washington University
Department of Teacher Preparation and Special Education
Inservice Training
Needs Assessment Questionnaire

Project I-TIP

June 1 - 3, 1989

NUMBER OF PROGRAMS RESPONDING: 7
NUMBER OF STAFF: 12 - 75

Current Inservice Training

1. How many inservice training days (on site) do you have scheduled this year? (School year 1988-1989)

- ☐ 4 More than five
☐ 2 Four
☐ 1 No set number

2. How many inservice training days (on site) did you have last year? (School year 1987-1988)

- ☐ 4 More than five
☐ 1 Four
☐ 1 Three
☐ 1 None

3. How is the content of your inservice training determined?

- ☐ 6 Informally, based on expressed needs of staff
☐ 5 Informally, based on issues that arise in the program
☐ 4 Based on an annual needs assessment
☐ 1 Other (Please specify) Based on the inservice training opportunities available in the community

4. Who coordinates your inservice training?

- ☐ 5 Program administrator
☐ 1 Training coordinator
☐ 2 Whoever volunteers
☐ 2 Other (Please specify)
- Educational Coordinator
- Each staff member is responsible for one inservice per year

5. Do you have a yearly budget for inservice training?

- ☐ 1 No
☐ 1 Yes, between \$100.00 - \$200.00
☐ 1 Yes, between \$300.00 - \$500.00
☐ 1 Yes, between \$500.00 - \$1,000.00
☐ 1 Yes, between \$1,000.00 - \$2,000.00
☐ 1 Yes, more than \$2,000.00

6. Does this include money to reimburse staff for off-site training?

- ☐ 3 No
☐ 4 Yes

7. Approximately how many staff participated in offsite training last year? (School year 1987-1988)

- 3 - Between 10 and 15
2 - Less than 10
1 - 25
1 - No idea

Satisfaction with Current In-Service Training

Please rate the following statements from 1 - 5:

1	2	3	4	5
Strongly Disagree				Strongly Agree

- | | |
|-----|---|
| 4.2 | Inservice training is a high priority. |
| 4 | Our current inservice training program is meeting our needs. |
| 4 | A training session for the whole program is more effective than sending one or two staff to a workshop. |
| 4 | We need more inservice training at low cost. |
| 3.6 | We need more money in our budget to pay for inservice training. |
| 3.2 | We need more inservice training. |
| 2.2 | Our inservice training topics do not always meet our needs. |

Inservice Training Topics

Please check all the areas in which you have had inservice training programs in the past school year (1987-1988):

- ☐ 7 Specific treatment techniques
- ☐ 6 Medical issues
- ☐ 6 Issues related to working with families
- ☐ 5 Assessment
- ☐ 4 Data collection
- ☐ 4 Information on P.L. 99-457
- ☐ 4 IFSP Guidelines
- ☐ 4 Report writing
- ☐ 3 Team Process
- ☐ 2 Case management
- ☐ 2 Functional Language
- ☐ 2 Curriculum
- ☐ 1 Technology and Computers
- ☐ 1 Interagency coordination

Please rate the topics you would most like to have (rate only the top five with #1 being most important)

VI = Very Important (1,2)
SI = Somewhat Important (3,4)
NI = Not Important (5)
Blank = Not rated in top five

VI	SI	NI	
3	2		Issues related to working with families
3	2		Specific treatment techniques
2	1	2	Data collection
	3		Ethics
1	2	1	Team Process
1	2	1	IFSP Guidelines
	2		Case management
2			Curriculum
	2		Drug Dependent Babies
1	1		Interagency coordination
1			Assessment
	1		Cultural Differences

VI

SI

NI

1 Report writing

1 Medical Issues

Personnel standards

Information on P.L. 99-457

Functional Language

Need for Inservice Training Resources

If the following services were available at minimal cost through a centralized Inservice Training and Consultation Center what services would your program be likely to use (please check all that apply.)

- ☒ 6 On site consultation (individual or small group) on a specific issue
- ☒ 5 Long term, on site consultation on related issues
- ☒ 5 On site workshop for all staff
- ☒ 3 Needs assessment and inservice planning
- ☒ 3 Off site workshop for all staff
- ☒ 1 Evaluation of current inservice training program
- ☒ 0 On site followup after workshop

Project I-TIP Questionnaire Summary
Training of Trainers Workshop June 1989

12 Programs Responded

The questionnaires were completed by:

- 8 program directors/coordinators
- 1 child find staff
- 1 social worker
- 1 volunteer coordinator
- 1 physical therapist

-
1. Please describe the type of I-TIP involvement or activity which has been most useful to your program.
- 5 Onsite consultation and follow-up
 - 6 Needs assessment (Build-A-Model)
 - 8 Specific training content
 - Working with Families, IFSP
 - Goal Attainment Scaling
 - Effective Home Visiting
 - 4 Training of Trainers
 - helped integrate information
 - helped participants plan inservice training for their site
 - 2 Involvement of entire staff in training process
 - 3 Individualized training content/activities matched needs of site
 - 1 Did not use
2. Has your program changed because of I-TIP's involvement? If so, how?
- 6 Increased staff knowledge and skills
 - 8 Used knowledge gained from training to strengthen and change the program:
 - added program component
 - changed program component
 - strengthened program component
 - used in program evaluation
 - 3 Increased communication among staff
 - 1 Staff training is now a recognized need

3. a. Which parts of I-TIP were not helpful?
 - 3 None
 - 3 Specific training session was too general or not useful
 - 1 Process of identifying program needs was uncomfortable
- b. How could I-TIP services have been more helpful?
 - 6 More
 - training sessions
 - on-site consultations
 - follow-up
 - 2 Very helpful
 - 1 No suggestions
4. What is the current status of your program's staff development program?
 - 6 No overall program planning
 - sessions held monthly
 - sessions held sporadically
 - topics chosen by staff request
 - required minimum of inservice hours for staff
 - 1 Program formalized over the summer
 - 3 Not enough money
 - 1 Not enough time
 - 1 Continued to seek inservice training on developing programming
5. What staff development activities are you planning in the coming year?
 - 5 Not decided
 - 1 Sessions planned - topics not identified
 - 5 Sessions planned - topics identified
 - 1 Several staff to attend courses in summer
6. Has I-TIP influenced your staff development program or planning? If so, how?

- 10 Yes
- developed new program
 - better assessment of staff needs
 - established training priorities
 - more effort to coordinate community services
 - focused on team building

1 No

7. What do you hope to learn from this year's Training of Trainers Workshop?

2 New knowledge

1 Share ideas

1 Closure on I-TIP

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